County: Jefferson COUNTRYSIDE HOME 1425 WISCONSIN DRIVE JEFFERSON 53549 Operated from 1/1 To

JEFFERSON 53549 Phone: (920) 674-3170)	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	171	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	212	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	163	Average Daily Census:	162
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	36. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	10. 4	More Than 4 Years	31. 3
Day Services	No	Mental Illness (Org./Psy)	38. 7	65 - 74	11. 7		
Respite Care	No	Mental Illness (Other)	6. 7	75 - 84	34.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 8	85 - 94	36. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	6. 1	95 & 0ver	7.4	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	ĺ	Í	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	6. 7	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	13. 5	65 & 0ver	89. 6		
Transportati on	No	Cerebrovascul ar	12. 3	'		RNs	7. 1
Referral Service	No	Di abetes	3. 7	Sex	%	LPNs	12. 5
Other Services	No	Respi ratory	6. 7		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	3. 7	Male	30. 7	Aides, & Orderlies	44. 6
Mentally Ill	No	İ		Female	69. 3		
Provi de Day Programming for		İ	100. 0	İ	j		
Developmentally Disabled	No	İ		ĺ	100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% 0f Al l
Int. Skilled Care	0	0. 0	0	3	2. 2	125	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	3	1. 8
Skilled Care	5	100. 0	180	126	90.6	106	0	0.0	0	19	100.0	180	0	0.0	0	0	0.0	0	150	92. 0
Intermedi ate				10	7. 2	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	6. 1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		139	100.0		0	0.0		19	100.0		0	0.0		0	0.0		163	100. 0

Deaths During Reporting Period							
zewens zuring nepererng rerreu		ı '		Ç	% Needi ng		Total
Percent Admissions from		Activities of	%		sistance of	% Totally N	lumber of
Private Home/No Home Health	10. 3	Daily Living (ADL)	Independent		Or Two Staff		lesi dents
Private Home/With Home Health	0.0	Bathi ng	2 . 5		65. 6	31. 9	163
Other Nursing Homes	10. 3	Dressi ng	9. 2		62. 0	28. 8	163
Acute Care Hospitals	70. 9	Transferring	28. 8		47. 2	23. 9	163
Psych. HospMR/DD Facilities	2. 6	Toilet Use	21. 5		43. 6	35. 0	163
Rehabilitation Hospitals	0. 9	Eating	50. 9		32. 5	16. 6	163
Other Locations	5. 1	**************	******	*****	*****	**********	******
Total Number of Admissions	117	Continence		%	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	6. 1	Recei vi ng	Respiratory Care	14. 7
Private Home/No Home Health	19. 1	Occ/Freq. Incontinen	t of Bladder	67. 5	Recei vi ng	Tracheostomy Care	1.8
Private Home/With Home Health	7.8	Occ/Freq. Incontinen	t of Bowel	39. 3	Recei vi ng	Sucti oni ng	1.8
Other Nursing Homes	2. 6	_			Recei vi ng	Ostomy Care	0. 6
Acute Care Hospitals	9. 6	Mobility				Tube Feeding	3. 1
Psych. HospMR/DD Facilities	0. 9	Physically Restraine	d	4. 3	Recei vi ng	Mechanically Altered Diets	21. 5
Rehabilitation Hospitals	0.0						
Other Locations	8. 7	Skin Care			Other Reside	ent Characteristics	
Deaths	51. 3	With Pressure Sores		5. 5	Have Advar	nce Directives	89. 0
Total Number of Discharges		With Rashes		2. 5	Medi cati ons		
(Including Deaths)	115				Recei vi ng	Psychoactive Drugs	63. 2
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	Ownershi p:			Bed	Si ze:	Li c	ensure:		
	Thi s	Government		2	00 +	Ski	lled	Al	l
	Facility	Peer	Group	Peer	Group	Peer	Group	Facilities	
	% % Ratio		%	% Ratio		Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	75. 6	84. 8	0. 89	87. 6	0. 86	85. 8	0. 88	84. 6	0. 89
Current Residents from In-County	72. 4	58. 7	1. 23	48. 5	1. 49	69. 4	1. 04	77. 0	0. 94
Admissions from In-County, Still Residing	34. 2	27. 8	1. 23	24. 3	1. 41	23. 1	1. 48	20. 8	1. 64
Admi ssi ons/Average Daily Census	72. 2	58. 7	1. 23	57. 7	1. 25	105. 6	0. 68	128. 9	0. 56
Discharges/Average Daily Census	71. 0	61.8	1. 15	59. 8	1. 19	105. 9	0.67	130. 0	0. 55
Discharges To Private Residence/Average Daily Census	19. 1	18. 7	1.03	18. 7	1. 02	38. 5	0. 50	52. 8	0. 36
Residents Receiving Skilled Care	93. 9	84. 8	1. 11	82. 7	1. 13	89. 9	1. 04	85. 3	1. 10
Residents Aged 65 and Older	89. 6	87. 6	1. 02	89. 9	1. 00	93. 3	0. 96	87. 5	1. 02
Title 19 (Medicaid) Funded Residents	85. 3	79.8	1.07	79. 2	1. 08	69. 9	1. 22	68. 7	1. 24
Private Pay Funded Residents	11. 7	16. 3	0. 71	16. 5	0. 70	22. 2	0. 52	22. 0	0. 53
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 5	0.00	0.8	0.00	7. 6	0.00
Mentally Ill Residents	45. 4	50. 0	0. 91	39. 8	1. 14	38. 5	1. 18	33. 8	1. 34
General Medical Service Residents	3. 7	17.8	0. 21	21. 5	0. 17	21. 2	0. 17	19. 4	0. 19
Impaired ADL (Mean)	52. 6	43.4	1. 21	40. 7	1. 29	46. 4	1. 14	49. 3	1. 07
Psychological Problems	63. 2	61.6	1.03	58. 0	1.09	52. 6	1. 20	51. 9	1. 22
Nursing Care Required (Mean)	6. 4	8.4	0. 76	8. 5	0. 76	7.4	0.87	7. 3	0. 88